

Digital Pharmacy Expert Advisory Group Agenda

Wednesday 9 September, 12:00-13:30

Via Microsoft Teams:

1: Recognition

1.1	Welcome, introductions, apologies and declarations of interest	12:00 – 12:10
Description	Welcome and apologies Present: Amna Khan-Patel, Dipak Duggal, Emma Hindley, Esther Gathogo, Harriet Launders, Heidi Wright, Penny Daynes, Rachael Clarke, Sean Macbride-Stewart, Stephen Goundrey-Smith, Yasmin Karsan, Apologies: Alistair Gray, Anna Bunch, Angela Burgin, Cath O'Brien, Darren Powell, Liam Bastian	

1.2	Update from previous meeting	12:10 - 12:15
Description	Agendas and outcomes from previous meetings are published on the group's webpage at: https://www.rpharms.com/about-us/who-we-are/expert-advisors/digital-pharmacy-expert-advisory-group	
Purpose	To review the outcomes and priorities from the last meeting	
Outcomes	HW welcomed members and noted the apologies listed above. No declarations of interest were recorded. No outstanding actions	

2: Relevance

2.1	NHS England	12:15 - 12:40
Description	This session will provide the group with an update on behalf of the NHS England Digital Medicines Programme. There will be focused discussion on developing a Consultant Level post for Digital. Rahul Singal	
Purpose	To receive an update on developments pertaining to the NHS England Digital Medicines Programme	
Outcomes	EPS and SPR: • EPS deployment into secondary care and other care settings remains a national priority. • Progress is steady, with the aim of onboarding the four larger EPR providers this calendar year:	

- EPS adoption is not limited to acute trusts. It includes community and mental health services, where the benefits case may be stronger due to geographical spread and existing use of FP10 processes.
- NHS England has commissioned work to explore the non-technical barriers to EPS adoption, including: pathways, pricing, contracts, dispensing models, financial risks.
- The aim is to produce practical guidance for organisations considering EPS for outpatients, discharge and potentially homecare.
- The Single Patient Record update was deferred to the next meeting, likely December, to allow for a more structured discussion.

Consultant pharmacist role in digital/clinical informatics

- A proposal was discussed to develop a consultant pharmacist post or pathway in digital clinical informatics.
- The intention is to create a professional “pinnacle” role for pharmacists working in digital, data, automation, informatics and clinical safety.
- Existing work on digital pharmacy career development, foundational resources and the CPIO role descriptor was seen as a useful starting point.
- There was strong support from members for the development of this role.
- Members felt the work needs professional leadership, defined structure, energy and coordination with one or more organisations willing to sponsor or pilot the first post.
- A possible approach discussed was to:
 - seek expressions of interest from organisations and individuals;
 - identify willing providers or employers with funding and a suitable candidate;
 - establish a small task and finish group;
 - develop a role description;
 - test the role against Royal College of Pharmacy credentialing processes;
 - support one or more organisations to pilot the role.
- Members emphasised that the opportunity should not be restricted to NHS trust pharmacists. Community, private sector and other non-NHS pharmacists should also be able to access the pathway where they meet the requirements.
- A significant concern was whether current consultant pharmacist credentialing frameworks are suitable for digital and non-patient-facing roles.
- Members noted that digital pharmacists may have significant impact on patient care through system design, clinical safety, automation, data and analytics, AI-enabled tools, service redesign and supporting clinicians at scale.
- There was debate about whether direct patient-facing clinical activity should be required, or whether indirect patient impact should be sufficient.

	The group agreed that guidance is needed from RCPPharm on whether indirect clinical impact can satisfy consultant pharmacist credentialing requirements. ACTOIN: HW agreed to summarise the discussion and share it with Joseph, who leads on credentialing work.
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2.2	NHSE New Hospital Programme	12:40 – 13:10
Description	The New Hospital Programme (NHP) Medicines Optimisation and Digital Team will provide an overview of NHP, with a particular focus on the digital transformation ambitions for medicines management across the new hospitals. The session will outline our emerging vision, key digital enablers and plans for engaging with schemes as they develop their future-state models, while highlighting opportunities to align with the work and expertise of the RCPPharm Digital Experts Advisory Group (DPEAG). Eamonn Gorman and Francine De-Stoppelaar	
Purpose	The aim is to establish an open dialogue with DPEAG, share learning and emerging thinking, and explore how the Group can help inform the programme as we move towards implementation.	
Outcomes	- Eamonn and Francine presented an overview of the New Hospital Programme and the Hospital 2.0 model. - The programme is a major NHS infrastructure programme and one of the largest construction programmes in the country. - The first wave includes hospitals affected by reinforced autoclaved aerated concrete issues, many of which are also digitally immature. - Hospital 2.0 is intended to provide repeatable hospital designs, standardised operating models, transformational service models, better outcomes for patients and staff and hospitals that are fit for future digital and operational needs. - The programme is using a capability-based approach rather than focusing on specific technologies, as technologies will change over time. - Digital work is being framed around “intelligent hospital” capabilities, including patient and service flow, smart building and infrastructure technologies, logistics, predictive maintenance and wider ecosystem and community connectivity. - A key concern is ensuring digital capabilities are embedded into business cases and not removed later due to cost pressures. Medicine optimisation - Francine outlined work on medicines optimisation within the New Hospital Programme. - There has been extensive engagement with a wide range of stakeholders. - A pharmacy brief has been developed to describe future clinical and functional requirements for hospital pharmacy services. - The brief is being reviewed to reflect developments such as EPS in acute care and potential changes to outpatient pharmacy models and space requirements.	

	• A medicines optimisation vision has been developed, focused on safe, effective, efficient and sustainable medicines use and service delivery. • Five strategic principles were presented: 0. Hospital 2.0 should deliver digitally driven and automation-enabled pharmacy models, rather than replicating manual or paper-based systems. 1. Pharmacy and medicines services should be designed in from the outset, not retrofitted later. 2. Services should provide measurable value for patient outcomes, safety, productivity and efficiency. 3. Patients and staff should have better access to medicines and medicines information. 4. Workforce models should support smarter working, improved skill mix and future roles. • Key areas of focus include patient medicines information, automated supply and logistics, waste reduction, sustainability, real-time traceability, inventory management and automated storage and stock control. Implementation guidance • A medicines optimisation maturity assessment tool has been developed. • The tool includes around 300 questions across 19 domains. • The domains sit under three broad pillars: medicines management; operations and models of care; pharmacy workforce. • The tool helps hospitals assess their current state and define a target future state • Each organisation goes through a 6–8 week engagement process, including: completion of the tool; analysis of current state; multidisciplinary discussion; target-state planning; workshops; final output to support planning and business cases. • Implementation guidance has also been developed to support inclusion of medicines optimisation requirements in business cases. • Current focus areas include: automated dispensing cabinets; whole-pack robots; bedside barcode medicines administration; real-time location services and RFID; controlled drug process automation; centralised pharmacy services. • The guidance includes: strategic considerations; cost and return on investment information; sustainability considerations; workforce considerations; infrastructure requirements; evidence and references Unit dose, 3D printing, aseptics and hub-and-spoke models • Unit dose was discussed as an important future area, but it is not yet a central focus for the first 11 schemes. • Current programme activity is still largely based around whole-pack robots, as unit dose is not yet widely established in the UK. • A unit dose deep-dive discussion paper is being developed, drawing on European, US and other evidence. • 3D printing of medicines was raised as an emerging area, including examples from paediatric and chemotherapy contexts. • 3D printing is not currently part of the immediate work with the first schemes, as many hospitals need to implement more foundational technologies first.
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	• Sterile compounding robots and digital aseptic workflow/barcode checking systems are being considered where relevant. • Hub-and-spoke or centralised service models were discussed, particularly for aseptic services, procurement, storage and inventory management. • National work on hub-and-spoke aseptic services is ongoing, so the programme has not yet developed this area in detail. • Some schemes are beginning to explore centralised service centres, but local emergency access and distance remain important considerations. <i>Climate change and medicines storage</i> • A point was raised around the impact of climate change and rising temperatures on safe medicines storage and supply chains. • Francine confirmed that temperature control and cold chain resilience are being considered within the programme. • Areas being considered include: building management systems; automated temperature monitoring; cold chain management; temperature-controlled robot storage; automated dispensing cabinets linked to fridges; infrastructure requirements for future hospital design. • These issues are being discussed with planners, builders and infrastructure teams. ACTION: HW to share presentation slides with DPEAG members
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2.3	Digital Health Pharmacy Council	13:10 – 13:25
Description	To raise awareness of the Digital Health Pharmacy Council	
	Led by Anna Bunch	
Purpose	To explore how we The DHP Council can support the College within the pharmacy digital development space.	
Outcomes	This item was transferred to the December meeting	

4: Any other business and close

- A broad point was raised about ensuring the group's agenda reflects the full breadth of the profession, not only NHS provider-focused issues.
- Heidi welcomed further suggested agenda items, including topics relevant to community pharmacy, private sector pharmacy and other sectors.
- Members noted that some NHS-focused topics, such as EPS and new hospital models, still have significant implications for community pharmacy.
- The next meeting date was corrected: it is Wednesday 2 December, not Sunday 6 December

Meeting Dates:

- 2 December 2026 12-1:30pm